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PO BOX 747		% BIRCH,LLP.		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
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				***************************************		(Date)	
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ORNEY DOCKET NO.	CONFIRMATION NO.	
10/692,686 10/27/2003 TITLE OF INVENTION: REMULTIPLEXING APPARATUS			Yoshiaki Kato		2611-0198P	2067	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/16/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
MATTIS, JASON E 24		2461	370-538000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Birch, Stewart, Kolasch & Birch, LLP. 2 3				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mitsubishi Denki Kabushiki Kaisha Tokyo, Japan							
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ia. The following fee(s) a Issue Fee Dublication Fee (N		4b	D. Payment of Fee(s): (Plea A check is enclosed. Payment by credit care The Director is hereby	se first reapply any pred f. Form PTO-2038 is atta- authorized to charge the	viously paid issue fee s ached. required fee(s), any def	shown above)	
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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Authorized Signature Lewis Cauelle 746,607 Date February 25, 2010 Typed or printed name Michael K. Mutter Registration No. 29,680							
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